

215051439  
73090

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 6

1	Total Number of Vehicles	Local No./ District 138	Agency Case No. B5-113670	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1						
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/08/2015		TIME OF ACCIDENT 1330	STATE USE ONLY							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1335	Amended							
B	60	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 2410 NW 12th			PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12/08/2015						
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE						
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION								
V1/M	10	NAME OF INTERSECTING ROADWAY					180.00	N S E W	X	NW 12th		
V2/M		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
F	1	VEHICLE NO. 1										
V1/N	1	DRIVER LICENSE NO.	V00209109	STATE (Of License)	NE	SEX	<input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE					
V2/N		DRIVER	MARCUS J VONDEROHE	PHONE	402-982-4400	LOCAL NO.						
G	2	DRIVER ADDRESS	transient, LINCOLN, NE 68502	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/25/1975						
H	5	OWNER	MARCUS J VONDEROHE	PHONE	402-982-4400	LOCAL NO.						
V1/O	1	OWNER ADDRESS	transient, NE	CITY, STATE, ZIP	CITATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.					
V2/O		LICENSE PLATE	TE NO. TSN347	YEAR (Plate Expires)	2015	STATE (Of Plate)	NE					
V1/P	8	VEHICLE	2000	MAKE	Chevrolet	MODEL	SK1	BODY STYLE	Pickup truck			
V2/P		VEHICLE ID NO. (VIN)	1GCEK19T3YE281096	COLOR	green	ESTIMATED DAMAGE	<input type="checkbox"/> TOALED \$ 0					
V1/Q	4	VEHICLE	2000	MAKE	Chevrolet	MODEL	SK1	BODY STYLE	Pickup truck			
V2/Q		VEHICLE ID NO. (VIN)	1GCEK19T3YE281096	COLOR	green	ESTIMATED DAMAGE	<input type="checkbox"/> TOALED \$					
K	01	TOWED TO	TOWED BY		POLICY NO.	0782928272001						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)												
VEH. #	0	NAME	Sheila D Matney transient, NE	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	05/14/1979	1 18	2 11	3 2	4 2	5 2	SEX F
		LOCAL NO.	402-853-4860	MEDICAL FACILITY NAME	BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME	Lincoln Fire & Rescue	EMS RUN REPORT NO.				
		LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.				
		LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.				

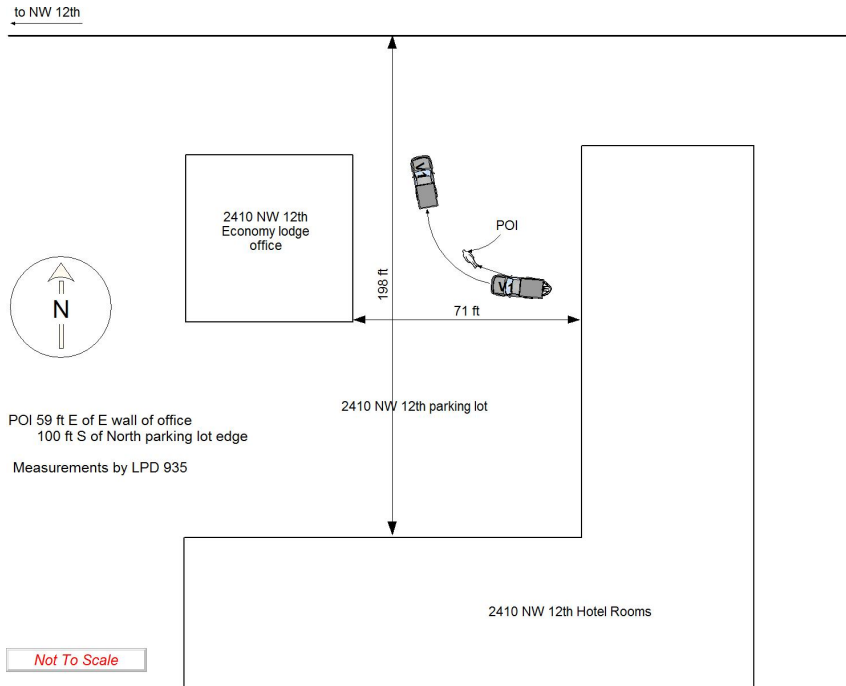
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-113670**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Witnesses called to report an accident in the parking lot of 2410 NW 12th. Injured non-motorist, Matney, reported that she and D1 were involved in a disturbance while Matney's property was in the back of V1. Matney reports that she climbed up onto the rear bumper of V1 in effort to retrieve her property from the cargo bed of V1 when D1 accelerated to leave. Matney reports that she was unable to hold onto the vehicle and fell from the vehicle onto the pavement suffering multiple injuries. D1 fled the scene and has yet to be contacted.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS				PHONE
	Karen M Frank 2410 NW 12th #171, Lincoln, NE				none
WITNESSES	NAME ADDRESS				PHONE
	Wesley K Pruitt 1732 Grove Ave, Crete, NE 68333				402-418-2145

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS										
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2																		
1				X	2410 NW 12th	POINT OF IMPACT	00	POINT OF IMPACT		4				9				DRIVER NO. 1	1	VEH 2						
2						MOST DAMAGED AREA	00	MOST DAMAGED AREA										DRIVER NO. 2	1							
1	01	06 Turning left				00				1 Deployed - front				1 None used - vehicle occupant				ALCOHOL TESTING				Y		Y		Y
2		07 Making U-turn								2 Deployed - side				2 Lap & shoulder belt used				ALCOHOL LEVEL TESTED				N	X	N		N
		08 Entering traffic lane								3 Deployed - both front/side				3 Shoulder belt only used				BAC LEVEL								
		09 Leaving traffic lane								4 Not deployed				4 Lap belt only used				ALCOHOL/DRUGS SUSPECTED				5				
		10 Parked								5 Child safety seat used				5 Child booster seat used				1 Neither alcohol nor drugs suspected								
		11 Slowing or stopped in traffic								6 Not applicable/ No airbag available				6 DOT approved helmet used				2 Yes - alcohol suspected								
		12 Other								6 Unknown				8 Costume helmet used				3 Yes - drugs suspected								
		13 Unknown												9 Restraint use unknown				4 Yes - alcohol & drugs suspected								
OFFICER NO. 1471					TROOP/TEAM/BEAT SE					DEPARTMENT Lincoln Police Department					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
INVESTIGATOR NAME (Print or Type) James Quandt					INVESTIGATOR SIGNATURE Approved by Ofc James Quandt					DATE OF REPORT 12/08/2015																

Local No./  
District 138

Agency	
Case	B5-113670
No.	

STATE USE ONLY

*Amended*

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)		PLACE OF ACCIDENT	COUNTY	Lancaster	Amended
12/08/2015			CITY	Lincoln	
ROAD ON WHICH ACCIDENT OCCURRED		STREET/HIGHWAY NO.		2410 NW 12th	Sequence of Events

VEH. #	VEH. TYPE	VEH. COLOR	VEH. MAKE	VEH. MODEL	VEH. YEAR	VEH. VIN	VEH. LICENSE	VEH. REGISTRATION	VEH. INSURANCE	VEH. OWNER	VEH. ADDRESS	VEH. CITY	VEH. STATE	VEH. ZIP	VEH. PHONE	VEH. FAX	VEH. EMAIL	VEH. WEBSITE	VEH. COMMENTS	
1	Passenger	Black	Ford	Mustang	2003	1F3P30C33D0000000	123456789	123456789	123456789	John Doe	12345 Main St	Anytown	CA	90210	555-555-5555					
2	Passenger	White	Toyota	Camry	2004	4T1041E3300000000	987654321	987654321	987654321	Jane Smith	67890 Main St	Anytown	CA	90210	555-555-5555					
3	Passenger	Blue	Honda	Civic	2005	5YF06080000000000	112233445	112233445	112233445	Bob Johnson	11111 Main St	Anytown	CA	90210	555-555-5555					
4	Passenger	Red	Chrysler	Pacifica	2006	2C3AA62G000000000	556677889	556677889	556677889	Alice Brown	22222 Main St	Anytown	CA	90210	555-555-5555					
5	Passenger	Green	Nissan	Altima	2007	5N1DR08E000000000	998877665	998877665	998877665	Charlie Davis	33333 Main St	Anytown	CA	90210	555-555-5555					
6	Passenger	Yellow	Volkswagen	Jetta	2008	3VW073A0000000000	445566778	445566778	445566778	Diana Evans	44444 Main St	Anytown	CA	90210	555-555-5555					
7	Passenger	Purple	Subaru	Outback	2009	4S3AA080000000000	334455667	334455667	334455667	Frank White	55555 Main St	Anytown	CA	90210	555-555-5555					
8	Passenger	Orange	Jeep	Wrangler	2010	1J4G24T0000000000	223344556	223344556	223344556	Grace Green	66666 Main St	Anytown	CA	90210	555-555-5555					
9	Passenger	Brown	Ford	Fusion	2011	1F3P30C33D0000000	112233445	112233445	112233445	Henry Black	77777 Main St	Anytown	CA	90210	555-555-5555					
10	Passenger	Grey	Toyota	Corolla	2012	4T1041E3300000000	998877665	998877665	998877665	Ivy Gold	88888 Main St	Anytown	CA	90210	555-555-5555					
11	Passenger	Black	Honda	Accord	2013	5YF06080000000000	445566778	445566778	445566778	Jack Silver	99999 Main St	Anytown	CA	90210	555-555-5555					
12	Passenger	White	Chrysler	200	2C3AA62G000000000	334455667	334455667	334455667	334455667	Karen Bronze	10101 Main St	Anytown	CA	90210	555-555-5555					
13	Passenger	Blue	Nissan	Maxima	2014	5N1DR08E000000000	223344556	223344556	223344556	Leo Copper	11111 Main St	Anytown	CA	90210	555-555-5555					
14	Passenger	Red	Volkswagen	Beetle	2015	3VW073A0000000000	112233445	112233445	112233445	Mia Tin	12121 Main St	Anytown	CA	90210	555-555-5555					
15	Passenger	Green	Subaru	Impreza	2016	4S3AA080000000000	998877665	998877665	998877665	Noah Nickel	13131 Main St	Anytown	CA	90210	555-555-5555					
16	Passenger	Yellow	Jeep	Cherokee	2017	1J4G24T0000000000	445566778	445566778	445566778	Olivia Zinc	14141 Main St	Anytown	CA	90210	555-555-5555					
17	Passenger	Purple	Ford	Explorer	2018	1F3P30C33D0000000	334455667	334455667	334455667	Peter Lead	15151 Main St	Anytown	CA	90210	555-555-5555					
18	Passenger	Orange	Toyota	Sienna	2019	4T1041E3300000000	223344556	223344556	223344556	Quinn Silver	16161 Main St	Anytown	CA	90210	555-555-5555					
19	Passenger	Brown	Honda	Pilot																

										VEH. #								
DRIVER LICENSE NO.										STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE						
DRIVER										PHONE		LOCAL NO.		1.				
DRIVER ADDRESS										CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		2.				
OWNER										PHONE		LOCAL NO.		3.				
OWNER ADDRESS										CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO.				
LICENSE PLATE NO.										YEAR (Plate Expires)		STATE (Of Plate)		4.				
VEHICLE										YEAR		MAKE		MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	5.
VEHICLE ID NO. (VIN)														INSURANCE COMPANY		6.		
TOWED TO										TOWED BY				POLICY NO.				

VEH.#

VEHICLE NO.										VEH. #	
DRIVER LICENSE NO.							STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		
DRIVER					PHONE			LOCAL NO.			
DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)			
OWNER					PHONE			LOCAL NO.			
OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO.	
LICENSE PLATE NO.						YEAR (Plate Expires)		STATE (Of Plate)			
VEHICLE		YEAR	MAKE	MODEL	BODY STYLE		COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$			
VEHICLE ID NO. (VIN)							INSURANCE COMPANY				
TOWED TO				TOWED BY			POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE _____				RESTRAINT USE VEHICLE _____				TOTAL OCCUPANTS	VEH _____	VEH _____	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME					<div><div></div><div></div><div></div><div></div></div>				<div><div></div><div></div><div></div><div></div></div>					Driver No. _____	Driver No. _____	
						VEHICLE _____		VEHICLE _____										ALCOHOL TESTING		Driver No. _____	Driver No. _____
						POINT OF IMPACT		POINT OF IMPACT										ALCOHOL LEVEL TESTED		Y	
						MOST DAMAGED AREA		MOST DAMAGED AREA										BAC LEVEL			
						00 None		01	02									03	04	08	07
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						09 Top & windows				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				ALCOHOL / DRUGS SUSPECTED		Driver No. _____	Driver No. _____
						10 Undercarriage												01 02 03 04 05 06 07 08		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	
						11 Total (all areas)															
						12 Other															

**Complete this section for all injured persons**

Complete this section for all injured persons					DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME ADDRESS										
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS										
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS										
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B5-113670

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	Nicole R Taylor	2410 NW 12th #156, Lincoln, NE			402-480-3608
WITNESSES	NAME	ADDRESS			PHONE
	Tara L Montejo	607 County Rd 2400, Crete, NE 68333			402-418-2274
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1471		SE	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
James Quandt			Approved by Ofc James Quandt		12/08/2015

215051439  
73090

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 5 of 6

Local No./  
District 138

Agency  
Case No. B5-113670

STATE USE ONLY

Amended

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

12/08/2015

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 2410 NW 12th

VEH. #	VEHICLE NO.		VEH. #	
	DRIVER LICENSE NO.	STATE (Of License)	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE	LOCAL NO.
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)
O	OWNER		PHONE	LOCAL NO.
P	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL
	VEHICLE	YEAR	MAKE	MODEL
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		
	TOWED TO	TOWED BY	POLICY NO.	

VEH. #	VEHICLE NO.		VEH. #	
	DRIVER LICENSE NO.	STATE (Of License)	SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE
M	DRIVER		PHONE	LOCAL NO.
N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)
O	OWNER		PHONE	LOCAL NO.
P	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO
Q	LICENSE PLATE NO.	YEAR	MAKE	MODEL
	VEHICLE	YEAR	MAKE	MODEL
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY		
	TOWED TO	TOWED BY	POLICY NO.	

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH		VEH		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)				VEHICLE				VEHICLE				ALCOHOL TESTING		Driver No.		Driver No.	
																		ALCOHOL LEVEL TESTED		Y		Y	
																		BAC LEVEL					
																		ALCOHOL/ DRUGS SUSPECTED		Driver No.		Driver No.	
																		1 Neither alcohol nor drugs suspected					
																		2 Yes - alcohol suspected					
																		3 Yes - drugs suspected					
																		4 Yes - alcohol & drugs suspected					
																		5 Unknown					

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1		2		3		4		5		SEX						
VEH. #	NAME					ADDRESS							Seat Position		Eject		Body Region		Injury Sev.		Trans.		M F	
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.								
VEH. #	NAME					ADDRESS																		
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.								
VEH. #	NAME					ADDRESS																		
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.								

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B5-113670

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	Kristin L Cardona	1310 SW 10th, Lincoln, NE			402-904-0542
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1471		SE	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
James Quandt			Approved by Ofc James Quandt		12/08/2015